

**DELIVERY NOTE**

**From**  
**Dcdc Health Services Pvt Ltd.**  
**DCDC HEALTH SERVICES PVT LTD,**  
**C-185,FIRST FLOOR,MAYAPURI**  
**INDUSTRIAL AREA PHASE-2**  
**MAYAPURI, NEW DELHI - 110064**

**Dcdc Health Services Private Limited**  
 Registered on 04 March 2014 / CIN: L65190DL2014PTC265804



**To,**  
 Mr. Vivek  
**Dialysis Unit**  
 C/o Dialysis unit, dst hospital manyawar kanshiram joint district  
 hospital civili lines, lalitpur up - 284403

**Your Order Number**  
**Date** 31.07.2023  
**DC Number**  
**Our Contact Person**  
**Telephone**

| Sr.No        | Description | Qty      | Unit Price | Amount     |
|--------------|-------------|----------|------------|------------|
| 1            | Uniform     | 2        | 250        | 500        |
|              |             |          |            |            |
|              |             |          |            |            |
|              |             |          |            |            |
| <b>TOTAL</b> |             | <b>2</b> |            | <b>500</b> |

**Amt In Words:-**

**TO WHOMSOEVER IT MAY CONCERN**

The Said consignment dispatched is not for sale. Please allow the consignment reaching the destination. The said material do not have any commercial value and is meant for **Sales Promotional Activity Gifting Purpose Only And NOT FOR SALE**

**GOODS RECEIVED IN GOOD ORDER**

Name & Contact No

Signature & Stamp

Date

Stock/No. of Boxes Received ..... 01 .....  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name ..... DH Lalitpur .....  
 Date/Time ..... 16/8/2023 ..... 12:04 P.M.  
 Signature ..... M. No. 8770441244